

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	5/19/2008
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004991

- 1) MAXIMUS Federal Services, Inc. has determined the request for Left L4-L5 Lumbar epidural steroid injection **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Left L4-L5 Lumbar epidural steroid injection **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The employee injured the lower back from cleaning beds on 5/19/08. The employee had had extensive work up including discogram on 7/14/09, lumbar MRI on 9/27/08 showing posterior disc bulge at L4/5 and L5/S1 and annular tears. CT scan on 7/14/09 showed degenerative changes at L4/t and L5/S1. Neuro exam on 4/8/2009 showed slight hyperactive reflexes in the upper and lower extremities, give away weakness of the lower extremity, straight leg raise was negative. Employee has had 4 epidural steroid injections with relief of symptoms between 3-5 months. In 2013, the employee had epidurals on 3/27/13 and 6/24/13. Last injection worsened the employee's symptoms.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review (dated 7/31/13)
- Utilization Review Determination from [REDACTED] (dated 7/23/13)
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for Left L4-L5 Lumbar epidural steroid injection:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, pg. 46, part of the MTUS. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

A review of the medical records indicates the employee has no obvious evidence of lumbar radiculopathy. A submitted MRI showed no evidence of compressive lesions to collaborate with radiculopathy. The records indicate previous epidural injections only improved symptoms for 5 months at the longest and the last injection on 6/24/13 worsened symptoms. The employee already had two injections in 2013 and an additional injection is not supported by the guidelines. The request for left lumbar L4-L5 lumbar epidural steroid injection **is not medically necessary or appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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